

**DEPARTMENT OF PUBLIC HEALTH, COUNTY OF SAN LUIS OBISPO
APPLICATION FOR POOL/SPA HEALTH PERMIT/INSPECTION**

2156 Sierra Way – PO Box 1489 – San Luis Obispo, CA 93406

**THIS IS NOT A PERMIT TO OPERATE. YOU MUST OBTAIN WRITTEN
APPROVAL FROM THIS DIVISION BEFORE OPERATING.**

OWNER(S) _____ DATE _____

(DBA) DOING
BUSINESS AS _____

TYPE OF ESTABLISHMENT: _____ HOTEL/MOTEL _____ MHP _____ APT _____ OTHER _____

NUMBER OF POOLS _____ NUMBER OF SPAS _____

BUSINESS ADDRESS _____ PHONE _____

CITY _____ ZIP _____

BUSINESS
MAILING ADDRESS _____ PHONE _____

CITY _____ ZIP _____

SIGNATURE OF APPLICANT _____

PRINTED NAME _____

DO NOT WRITE BELOW THIS LINE

COMPUTER INFORMATION

RECORD ID # _____ PROGRAM # _____ ELEMENT _____ DISTRICT _____

AMOUNT DUE _____ () PAID () STILL OWES

() CASH () CHECK # _____ INITIALS _____ DATE _____

PERMIT EXPIRATION DATE SET TO _____

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APPLICATION DATE _____

(DBA) DOING
BUSINESS AS _____

INDIVIDUAL POOL INFORMATION

POOL # _____ POOL TYPE _____ BUILT _____

LOCATION ON PROPERTY _____

CAPACITY IN GALLONS: _____ SHAPE: _____

OCCUPANCY (# OF PERSONS) _____

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